

Read Instructions on Back  
VITAL STATISTICS

1. FULL NAME <b>JOSEPH CHEESMAN THOMPSON</b>		DISTRICT NO <b>3801</b>	REGISTRAR'S NO. <b>2068</b>
2. PLACE OF DEATH <del>XXXXXXXXXX</del> CITY AND COUNTY OF <b>SAN FRANCISCO</b> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION <b>1230 D- Washington Street</b> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS) IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY <b>10 yrs</b> IN CALIFORNIA <b>10 yrs</b> (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. <b>life</b> YEARS		3. USUAL RESIDENCE OF DECEASED: (A) STATE <b>California</b> (B) COUNTY <b>San Francisco</b> (C) CITY OR TOWN <b>San Francisco</b> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (D) STREET No <b>1230D-Washington Street</b>	
3. (E) IF VETERAN, NAME OF WAR <b>World War I</b>	3. (F) SOCIAL SECURITY NO. <b>none</b>	20. DATE OF DEATH: MONTH <b>March</b> DAY <b>7th</b> YEAR <b>1943</b> HOUR <b>10</b> MINUTE <b>24</b>	
4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	21. MEDICAL CERTIFICATE I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW HIM _____ ALIVE OR _____ 19____ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.	
6. (B) NAME OF HUSBAND OR WIFE <b>Anna Thompson</b>		22. CORONER'S CERTIFICATE I HEREBY CERTIFY, THAT I HELD AN AUTOPSY & INCURSED ON THE REMAND OF THE DECEASED AND FROM SUCH ACTION THAT DECEASED CAME TO HIS DEATH ON THE DATE AND HOUR STATED ABOVE.	
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE <b>51</b> YEARS		IMMEDIATE CAUSE OF DEATH <b>Coronary sclerosis with occlusion and myocardial fibrosis</b>	
7. BIRTHDATE OF DECEASED <b>July 6, 1874</b> MONTH DAY YEAR		DUE TO <b>fibrosis</b>	
8. AGE <b>68</b> YRS. <b>6</b> MOS. <b>1</b> DAYS IF LESS THAN ONE DAY OLD MRS. MIN.		DUE TO <b>red</b>	
9. BIRTHPLACE <b>NEW YORK, N. Y.</b>		OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)	
10. USUAL OCCUPATION <b>PHYSICIAN</b>		MAJOR FINDINGS OF OPERATIONS	
11. INDUSTRY OR BUSINESS <b>Commander US Navy, Ret.</b>		DATE OF OPERATION	
12. NAME <b>Joseph Thompson</b>		OF AUTOPSY <b>as above</b>	
13. BIRTHPLACE <b>England</b>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (A) ACCIDENT, SUICIDE, OR HOMICIDE (B) DATE OF INJURY (C) WHERE DID INJURY OCCUR CITY OR TOWN COUNTY STATE (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK (E) MEANS OF INJURY	
14. MAIDEN NAME <b>? Cheesman</b>		24. CORONER'S OR PHYSICIAN'S SIGNATURE <b>John J. Kingston, M.D.</b> (SPECIFY WHICH) Address <b>Coroner's Office</b> DATE <b>3/7/43</b>	
15. BIRTHPLACE <b>unknown</b>		19. (A) DATE FILED <b>MAR 9 1943</b> REGISTRAR'S SIGNATURE <b>J. C. Geiger</b>	
16. (A) INFORMANT <b>Anna Thompson</b>		STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	
(B) ADDRESS <b>1230 Washington, San Francisco</b>		CERTIFICATE OF DEATH	
17. (A) BURIAL, CREMATION OR REMOVAL (B) DATE <b>3-9-43</b>		U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS	
(C) PLACE <b>Golden Gate National Cemetery</b>			
18. (A) EMBALMER'S SIGNATURE <b>Eugene R. Thompson</b> NOISE <b>2164</b>			
(B) FUNERAL DIRECTOR <b>Walsted &amp; Co.</b>			
ADDRESS <b>1125 Sutter St., San Francisco</b>			
BY <b>L. Cuneo</b>			

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 84 . 6058

DATED: May 30, 1984

SAN FRANCISCO CALIFORNIA

*Mervyn F. Silverman*  
MERVYN F. SILVERMAN, M.D.  
DIRECTOR OF PUBLIC HEALTH  
AND LOCAL REGISTRAR

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